|                                                                                                                                                                                                                                                                               | PART B                                                           | - FEE(S)                                                                                                                                                                                                                                                                                                                            | TRA                         | SMITTAL                                                                                                                                                                                                                                                                                                                                                 |                                                                                             |                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Complete and send this form, together with applicable fee(s), to: Mail                                                                                                                                                                                                        |                                                                  |                                                                                                                                                                                                                                                                                                                                     | <u>[ail</u>                 | Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450                                                                                                                                                                                                                                                              |                                                                                             |                                                                           |
| ( FEB 0 6 JOUG E                                                                                                                                                                                                                                                              |                                                                  | or <u>F</u>                                                                                                                                                                                                                                                                                                                         |                             | (571) 273-2885                                                                                                                                                                                                                                                                                                                                          |                                                                                             |                                                                           |
| INSTRUCTIONS: This form should be used for the appropriate. All further correspondence including the indicated unless corrected below a directed directed maintenance fee notifications.                                                                                      | nsmitting the ISSUF<br>Patent, advance ord<br>in Block 1, by (a) | FEE and F<br>lers and notif<br>specifying a                                                                                                                                                                                                                                                                                         | PUBLIC<br>fication<br>new c | CATION FEE (if required of maintenance fees worrespondence address;                                                                                                                                                                                                                                                                                     | ired). Blocks 1 through 5 sivill be mailed to the current; and/or (b) indicating a separate | nould be completed where correspondence address as rate "FEE ADDRESS" for |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for                                                                                                                                                                                                                         |                                                                  |                                                                                                                                                                                                                                                                                                                                     |                             | Note: A certificate of                                                                                                                                                                                                                                                                                                                                  | mailing can only be used for                                                                | or domestic mailings of the                                               |
| 21171 7590 11/04/2005                                                                                                                                                                                                                                                         |                                                                  | pap                                                                                                                                                                                                                                                                                                                                 |                             | Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                                                                                                                                        |                                                                                             |                                                                           |
| STAAS & HALSEY LLP SUITE 700 1201 NEW YORK AVENUE, N.W. 02/WASHINGTON: DG:20005:9675049                                                                                                                                                                                       |                                                                  |                                                                                                                                                                                                                                                                                                                                     |                             | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                                                                             |                                                                           |
|                                                                                                                                                                                                                                                                               |                                                                  |                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                                                                                                                                                                                                                                         |                                                                                             |                                                                           |
|                                                                                                                                                                                                                                                                               |                                                                  |                                                                                                                                                                                                                                                                                                                                     |                             | (Depositor's name)                                                                                                                                                                                                                                                                                                                                      |                                                                                             |                                                                           |
| 01 FC:1501 1400.00 DP                                                                                                                                                                                                                                                         |                                                                  |                                                                                                                                                                                                                                                                                                                                     |                             | (Signature)                                                                                                                                                                                                                                                                                                                                             |                                                                                             |                                                                           |
|                                                                                                                                                                                                                                                                               |                                                                  |                                                                                                                                                                                                                                                                                                                                     |                             | L                                                                                                                                                                                                                                                                                                                                                       |                                                                                             | (Date)                                                                    |
| APPLICATION NO. FILING DATE                                                                                                                                                                                                                                                   | FIRST NAMED INVE                                                 |                                                                                                                                                                                                                                                                                                                                     | INVEN                       | TOR                                                                                                                                                                                                                                                                                                                                                     | ATTORNEY DOCKET NO.                                                                         | CONFIRMATION NO.                                                          |
| 09/675,049 09/29/2000 Yasuhiro Kawaka                                                                                                                                                                                                                                         |                                                                  |                                                                                                                                                                                                                                                                                                                                     | awakat                      | su                                                                                                                                                                                                                                                                                                                                                      | 826.1629/JDH                                                                                | 9990                                                                      |
| •                                                                                                                                                                                                                                                                             |                                                                  |                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                                                                                                                                                                                                                                         | T                                                                                           |                                                                           |
| APPLN. TYPE SMALL ENTITY                                                                                                                                                                                                                                                      | ISSUE FEE                                                        |                                                                                                                                                                                                                                                                                                                                     | Pt                          | JBLICATION FEE                                                                                                                                                                                                                                                                                                                                          | TOTAL FEE(S) DUE                                                                            | DATE DUE                                                                  |
| nonprovisional NO                                                                                                                                                                                                                                                             | \$1400                                                           |                                                                                                                                                                                                                                                                                                                                     |                             | <b>\$0</b>                                                                                                                                                                                                                                                                                                                                              | \$1400                                                                                      | 02/06/2006                                                                |
| EXAMINER ART                                                                                                                                                                                                                                                                  |                                                                  | т                                                                                                                                                                                                                                                                                                                                   | CI                          | ASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                            | ]                                                                                           |                                                                           |
| WALLERSON, MARK E 262                                                                                                                                                                                                                                                         |                                                                  |                                                                                                                                                                                                                                                                                                                                     |                             | 358-001300                                                                                                                                                                                                                                                                                                                                              |                                                                                             |                                                                           |
| 1. Change of correspondence address or indication of "FCFR 1.363).  Change of correspondence address (or Change of Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indic PTO/SB/47; Rev 03-02 or more recent) attached. Us Number is required. | Correspondence                                                   | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                             |                                                                                                                                                                                                                                                                                                                                                         |                                                                                             |                                                                           |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO I                                                                                                                                                                                                                                      | BE PRINTED ON T                                                  | HE PATENT                                                                                                                                                                                                                                                                                                                           | (print o                    | or type)                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                                           |
| PLEASE NOTE: Unless an assignee is identified by recordation as set forth in 37 CFR 3.11. Completion                                                                                                                                                                          |                                                                  |                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                                                                                                                                                                                                                                         |                                                                                             | ocument has been filed for                                                |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)                                                                                                                                                                                                               |                                                                  |                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                                                                                                                                                                                                                                         |                                                                                             |                                                                           |
| FUJITSU LIMITED                                                                                                                                                                                                                                                               |                                                                  | KAWASA                                                                                                                                                                                                                                                                                                                              | KI,                         | JAPAN                                                                                                                                                                                                                                                                                                                                                   |                                                                                             |                                                                           |
| Please check the appropriate assignee category or category                                                                                                                                                                                                                    | ` <u></u>                                                        |                                                                                                                                                                                                                                                                                                                                     |                             | ☐ Individual                                                                                                                                                                                                                                                                                                                                            | orporation or other private gr                                                              | oup entity Government                                                     |
| 4a. The following fee(s) are enclosed:  The following fee(s) are enclosed:                                                                                                                                                                                                    |                                                                  | Payment of                                                                                                                                                                                                                                                                                                                          | ` '                         | nount of the fee(s) is en                                                                                                                                                                                                                                                                                                                               | nclosed                                                                                     |                                                                           |
| Publication Fee (No small entity discount permitted)                                                                                                                                                                                                                          |                                                                  | Payment by credit card: Form PTO-2038 is attached.                                                                                                                                                                                                                                                                                  |                             |                                                                                                                                                                                                                                                                                                                                                         |                                                                                             |                                                                           |
| Advance Order - # of Copies                                                                                                                                                                                                                                                   |                                                                  |                                                                                                                                                                                                                                                                                                                                     | ctor is                     | hereby authorized by c                                                                                                                                                                                                                                                                                                                                  | harge the required fee(s), or 5 (enclose an extra c                                         | credit any overpayment, to opy of this form).                             |
| <ol> <li>Change in Entity Status (from status indicated abov</li> <li>a. Applicant claims SMALL ENTITY status. See</li> </ol>                                                                                                                                                 | * '                                                              | □ b Applic                                                                                                                                                                                                                                                                                                                          | ant is n                    | o longer claiming SMA                                                                                                                                                                                                                                                                                                                                   | LL ENTITY status. See 37 C                                                                  | FR 1.27(g)(2)                                                             |
| The Director of the USPTO is requested to apply the Iss<br>NOTE: The Issue Fee and Publication Fee (if required)<br>interest as shown by the records of the Inited States Page                                                                                                |                                                                  |                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                                                                                                                                                                                                                                         |                                                                                             |                                                                           |
| Authorized Signature                                                                                                                                                                                                                                                          | rademark (                                                       | Office.                                                                                                                                                                                                                                                                                                                             |                             | · <del>· · · · · · · · · · · · · · · · · · </del>                                                                                                                                                                                                                                                                                                       | 2/1/                                                                                        | <u>.</u>                                                                  |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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